

Rhonda Boisvert, President
Connecticut Association of Residential Care Homes
in opposition to

**H.B. No. 6887 (RAISED) AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S
RECOMMENDATIONS REGARDING THE PROTECTION OF RESIDENTS IN HEALTH CARE
INSTITUTIONS.**

Public Health Committee, March 18, 2015

Senator Gerratana, Representative Ritter and members of the Public Health Committee, my name is Rhonda Boisvert. I am the owner of two residential care homes and the President of the Connecticut Association of Residential Care Homes. I am here today to testify **in opposition to House Bill 6887- AN ACT CONCERNING THE DEPARTMENT OF PUBLIC HEALTH'S RECOMMENDATIONS REGARDING THE PROTECTION OF RESIDENTS IN HEALTH CARE INSTITUTIONS.**

The Connecticut Association of Residential Care Homes (CARCH) strongly opposes the proposal to add further statutory requirements to the Residential Care Home Transfer and Discharge Statute (19a-535a). Residential care homes (RCHs) serve many low-income individuals with a mental health disability or a substance abuse problem. The average size is 28 beds. RCHs are not medical facilities, have very low state reimbursement rates and, therefore, limited personnel.

The proposed statutory language would require home administrators and staff to put into a discharge plan a description of the resident's current medical conditions, detailed description of the resident's social or emotional conditions that may impact the type of setting in which the resident is placed; and a description of the type of setting that is most appropriate for the resident's placement. These are not details that RCH staff are trained or equipped to detail in a discharge plan.

The current statute is onerous enough on homes without placing further statutory requirements. No home wants to involuntarily discharge a resident without an adequate reason but occasionally it may be necessary for the good of the home and the welfare of the other residents. When a resident is not following the home procedures (ex. drinking, smoking inside and creating a fire hazard) or being disruptive, that person has a negative impact on other vulnerable residents and staff. There have been several occasions where RCHs have tried to discharge a resident who is causing a safety risk to other residents and because of a technicality the home has been unable to discharge that resident. That is unfair to the people who live in that home and are respectful and responsible.

DPH has stated in the past that the "proposed requirements are existing informal guidelines." These "informal guidelines" should not become statutory requirements and many residential care homes do not feel like they are equipped to put together such an in depth discharge plan. RCHs often do not employ nurses or social workers and are not medical institutions. Our residents are not the frail elderly in a "medical necessary" service which is a nursing home but our residents are ambulatory, often have a substance abuse problem and can be very vocal. The current statute does not make it easy to discharge an individual and this proposal seems to impose more medical information as part of the discharge plan.

Additionally, the current process is overly burdensome and this may require additional staff resources and ultimately additional funding. Our Association asks that you not move forward with HB 6887. Instead it would be our hope that we can work with the Department on finding a better system for discharging residents. For instance having the Department put a form together that outlines the requirements necessary for a discharge. Currently, homes feel like they are guessing on what to include in the discharge plan and this proposal does not change that.

There have also been occurrences where a resident has posed an imminent risk of injury to other residents and staff at the home. This can lead to law enforcement being called in but can place the home in a difficult, if not impossible, situation. We have found a lack of resources and assistance in such matters which has put extreme stress on a home. We would ask the Department to work with homes when such a situation occurs and better utilize Sec. 19a-535a(d)(2) which allows in an emergency the facility to request that the commissioner make a determination as to the need for an immediate transfer or discharge of a resident.

Our Association is ready and willing to work collaboratively with the Department to come up with a system that is fair for all: the resident being discharged, the other residents of the home and the staff and administrator in the home. This proposal does not do this. Instead it places an unreasonable burden on the home and the other residents who have to deal with the problematic resident. We therefore ask that you not move forward on the bill.

Thank you for your time and consideration.

Rhonda Boisvert, President
Connecticut Association of Residential Care Homes